



Shadow Days Permission / Emergency Form
 (Completed form required for participation)

Participant Name: _____

Address: _____

Parent/Guardian Names: _____

Household Email Address: _____

	Mother	Father
Home Phone Numbers	_____	_____
Parent Work Phone Numbers	_____	_____
Parent Cell Phone Numbers	_____	_____

Activity Date: _____

Emergency Information / Specific Medical Information - Conditions

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, St. Francis Catholic High School, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary.

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____ Relationship: _____
 Telephone # _____ Alternate # _____

My daughter is allergic to: _____

Medical Condition: _____

My daughter is currently taking the following medication(s), which she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. Medication is to be given to the School Secretary and picked up at the end of the day. Students may carry inhalers and epi pens. I hereby give permission for an adult to administer the following medication(s): _____

Signature of Parent/Guardian

Date

Parent Agreement/Consent

I/we, the undersigned parents or guardians of the child participant named on this form give permission for my/our child's participation in the St. Francis Catholic High School activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that I/we have agreed to above:

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from SFHS staff or adult volunteer leaders.
- I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of participating in any St. Francis Catholic High School activity, whether or not caused by the negligence of the school or diocesan employees or agents, or volunteers or other participants.
- I/we understand that in the course of participating in St. Francis Catholic High School activities, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in St. Francis Catholic High School activities, to use the equipment provided, and to enter the premises and facilities of St. Francis Catholic High School and the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole and St. Francis Catholic High School, its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in St. Francis Catholic High School activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
- To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the presence of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in St. Francis Catholic High School activities whether caused by the negligence of the Diocese or otherwise.
- That he or she has read this Parent Agreement/Consent and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date